

# Rappelling Adventure Registration Form City of Albuquerque Parks and Recreation Department Outdoor Recreation Section



FILL OUT ALL
FORMS
COMPLETELY!
Return to: 1801 4<sup>th</sup> St NW
87102-1425

### Rappelling Class Requirements: (\$10.00 Class)

- Must be age 11 through 17
- Must be able to hike one mile
- Bring your own: lunch, snacks, drinking water, day or book pack, sunscreen
- Complete & return registration form with \$10.00 check or money order payable to City of Albuquerque

# **Rappelling Class Date:**

| Monday, June 5 <sup>th</sup> ,      | White   | Wash | (beginning |
|-------------------------------------|---------|------|------------|
| <br>Monday, July 10 <sup>th</sup> , | , White | Wash | (beginning |
| <br>Friday, August 4th,             | White   | Wash | (beginning |

### **Class Times**:

ALL CLASSES: 8:15AM to 2:30PM, meet at Parks and Recreation Administration Building

<u>Directions to Parks and Recreation Administration Building:</u> From I-40, exit 6<sup>th</sup> Street, go SOUTH. Turn left on Haines, then right on 4<sup>th</sup>. Drive SOUTH on 4<sup>th</sup> Street, past the railroad tracks. Turn RIGHT into the driveway just past the black wrought iron fence, before the City of Albuquerque gas pumps. If you drive past Aspen Street, you have gone too far. The Parks and Recreation Administration Building is a one-story, sand-colored, brick building with a large, two-story mural, and is on the west side of Fourth Street. (See map.)

| E-Mail Address  Male Female |
|-----------------------------|
| E-Mail Address              |
| E-Mail Address              |
|                             |
| Male Female                 |
|                             |
| Grade                       |
| Other (specify)             |
| Work Phone                  |
|                             |

## **EMERGENCY CONTACT INFORMATION**

In case of emergency contact:

(1) \_\_\_\_\_ Name Phone Number Relationship Relationship Phone Number **DISABILITY INFORMATION** Please place a check next to each disability that applies to the participant. \_\_ Autism Attention Deficit Disorder Behavior Disorder \_\_\_\_ Cerebral Palsy \_\_\_\_\_ Down's Syndrome \_\_\_\_ Head Injury \_\_\_\_ Hearing Impaired \_\_\_\_ Learning Disability \_\_\_\_\_ Vision Impaired Moderate Mental Retardation Mild Mental Retardation Other If you checked "Other", please provide additional information on any disabling condition not listed. Other: SIGNATURE INFORMATION Parent /Guardian signature\_\_\_\_\_\_ Date: \_\_\_\_\_ Parent /Guardian Name (please print):